

Attorney's Docket No.: \_\_\_\_\_

**DECLARATION, POWER OF ATTORNEY AND PETITION**

I (We), the undersigned inventor(s), hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I (We) believe that I am (we are) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PUMPKIN FOR COOKING AND METHOD FOR PRODUCING THE SAME

the specification of which

☐ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and amended on \_\_\_\_\_.

☒ was filed as PCT international application

Number PCT/JP03/00119

on January 9, 2003,

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I (We) hereby state that I (We) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; that I (We) do not know and do not believe that this invention was ever known or used before my invention or discovery thereof, or patented or described in any printed publication in any country before my invention or discovery thereof, or more than one year prior to this application, or in public use or on sale in the United States for more than one year prior to this application; that this invention or discovery has not been patented or made the subject of an inventor's certificate in any country foreign to the United States on an application filed by me or my legal representatives or assigns more than twelve months before this application.

I (We) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

Application No.	Country	Filing date	Priority claimed	
2002-4660	Japan	January 11, 2002	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

Application Serial No.	Filing Date	Status (pending, patented, abandoned)
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And I (We) hereby appoint: OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.,

CUSTOMER NUMBER 22,850

I(We) hereby request that all correspondence regarding this application be sent to the firm of OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C. whose Post office address is: 1940 Duke Street, Alexandria, VA 22314 U.S.A.

I (We) declare further that all statements made herein of my (our) knowledge are true and that all statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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